

HARRISON STREET ACADEMY SUMMER CAMP ENROLLMENT FORM

NOTE: Enrollment Application must be completed in its entirety in order to be officially accepted.

STUDENT INFORMATION

Student Name: _____
First Name M.I. Last

Nickname: _____ Gender: _____ Age: _____ DOB: _____

Please Circle Applicable Enrollment times

(Note: Thursdays will have special visitors, so we encourage that to be one of your chosen days):

Summer Camp Full Day (8:30-3:30): M T W Th F

Summer Camp Half Day (8:30-12:30): M T W Th F

Before Care (7:00am-8:30am): M T W Th F

After Care (3:30pm-6:30pm): M T W Th F

Camp Names or Dates (No camp 7/1/2019-7/5/2019):

PARENT INFORMATION

Parent/Guardian Name 1 Relationship

Street Address Home Phone Cell Phone

City State Zip Code

Employer Name/Address Work Phone

Email Address _____ Lives with Child? ___ Yes ___
No

Parent/Guardian Name 2 Relationship

Street Address (if different from First) Home Phone Cell Phone

City State Zip Code

Employer Name/Address Work Phone

Email Address _____ Lives with Child? ___ Yes ___
No

STUDENT'S MEDICAL INFORMATION

Does your child suffer from any medical problems, physical limitation or disabilities of which the school should be aware? (i.e. asthma, allergies, epilepsy, A.D.D., etc.) ___ Yes ___ No

If yes, please explain:

Does your child take medication on a regular basis? _____
Will this need to be administered during camp hours? _____
Does Your child require an Auto-injector? _____

Student's Primary Care Physician: _____ Phone: _____

Medical Release: Your signature below authorizes Harrison Street Academy to contact (at your expense) the physician listed to render necessary emergency treatment for serious injury or accident if neither parent/guardian can be reached. This further authorizes Harrison Street Academy to take your child to a local physician of the school's choice if your physician is not available. In the event that emergency treatment is necessary, Harrison Street Academy will be held harmless in all decisions. In case of disaster, your child will only be released to those individuals you have designated on the emergency information card kept in the school office.

Medications: Should your child become ill after arriving at school, the school office will ONLY administer non-prescription medications (i.e. Tums, Pepto Bismol, Tylenol, Advil) if the parent/guardian listed on the emergency information card is reached for verbal approval. If your child has a fever, medicine can be administered to make him/her more comfortable until a parent/guardian arrives to pick up the child.

Notification: Parent will notify HSA staff within 24 hours or next business day after child has developed a communicable illness or disease, as defined by the State Board of Health, except for Life threatening diseases, which must be reported immediately.

OTHER INFORMATION

I grant ___ I do not grant ___ my child permission to attend field trips sponsored by Harrison Street Academy during the calendar year. It is furthermore understood that I will be advised by the teacher as to the nature of each trip in the following manner: place and objective of the trip, time of departure, mode of transportation, cost of trip and lunch arrangement.

I grant ___ I do not grant ___ Harrison Street Academy permission to take pictures and post my child's pictures on Harrison Street Academy website and HSA related marketing. I release and save harmless HSA from any liability in connection with the use of photographs taken of my child, and no compensation will be paid by HSA for the use of the photographs in marketing plans. HSA will only use photographs for HSA related marketing, and will not sell or use photographs in any other manner.

Last School Attended: _____

Do you wish to be covered by the Student Accident Insurance policy? ___ Yes ___ No
If your child is **NOT** covered under your personal insurance, you are required to obtain the School Accident Insurance.

How did you hear about Harrison Street Academy? _____

If referred, who may we thank for your referral? _____

Date

Parent/Guardian Signature

**Please bring a copy of your child's Social Security Card or Birth Certificate to the HSA office

Office Use Only:

Witness of Proof of Identity (circle one): (Certified Birth Certificate, Birth Registration Card, Passport, Copy of Foster Care placement agreement, Certification of Public School Attendance)

Document Number:

Date of Issue:

Place of Issue:

Confirm DOB:

Signature of Harrison Street Academy Representative